Chapter 2
SCHOOL GATEKEEPER TRAINING

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Overview and Rationale

Gatekeeper training programs are designed to help members of the community identify youth with a high potential for suicide and refer them to appropriate sources of help. A "gatekeeper" can be anyone who has significant contact with youth during the course of the day, such as coaches, clergy, police, or volunteers. A particularly important group of gatekeepers is school personnel. Because of their importance and the effort that has been devoted to developing programs for school personnel, these programs are described in this chapter. The next chapter, "Community Gatekeeper Training," focuses on programs for gatekeepers who can reach youth in other settings.

School gatekeeper training programs are school-based programs designed to help school staff identify students at risk of suicide and to refer them for help. School gatekeepers may include any adult in the school (e.g., counselors, teachers, coaches, administrators or cafeteria staff) in a position to observe and interact with students.

Gatekeeper training usually consists of learning about warning signs of suicide, what referral sources exist and how to contact them, and what the school policy is for handling crisis situations. Other topics include legal issues involved with suicide and how to communicate with at-risk students. As illustrated in Figure 2, knowledge of these topics enhances the ability of school staff to handle potentially suicidal students and to refer them to appropriate sources of help.

School gatekeeper training is primarily intended to educate staff on how to identify students with emotional or other problems who may also be potentially suicidal. It is not meant to replace professional mental health care or to empower school staff to act as counselors but is simply meant to enable staff to "sound the alarm." Combined with appropriate professional treatment, this intervention may help prevent suicides.

School gatekeeper programs may also help school staff recognize and take action to reduce sources of stress in the social environment of the school system, such as adjustment to a new school (Caplan, 1964, Kelly, 1979), and to develop relationships with students at times of transition or vulnerability that can help them in their subsequent functioning (Hersey, 1977).

Research Findings

School gatekeeper training programs have been well received by teachers and school staff. Staff have reported these programs as helpful in California (Nelson, 1987), Colorado (Barrett, 1985), and Rhode Island (Spirito, et al., 1988). For example, as shown in Table 2, researchers evaluating the school gatekeeper education component of the New Jersey Adolescent Suicide Prevention Project found that school personnel who participated in a 2-hour training program showed increased awareness of suicide warning signs, knowledge of treatment resources, and willingness to make referrals to mental health professionals (Shaffer, Garland, and Whittle, 1988). Improvements in knowledge were also observed in the evaluation of a gatekeeper education program in Colorado (Barrett, 1985). In addition, Barrett found that referrals for

FIGURE 2.
Rationale for School Gatekeeper Training Programs to Prevent Youth Suicide

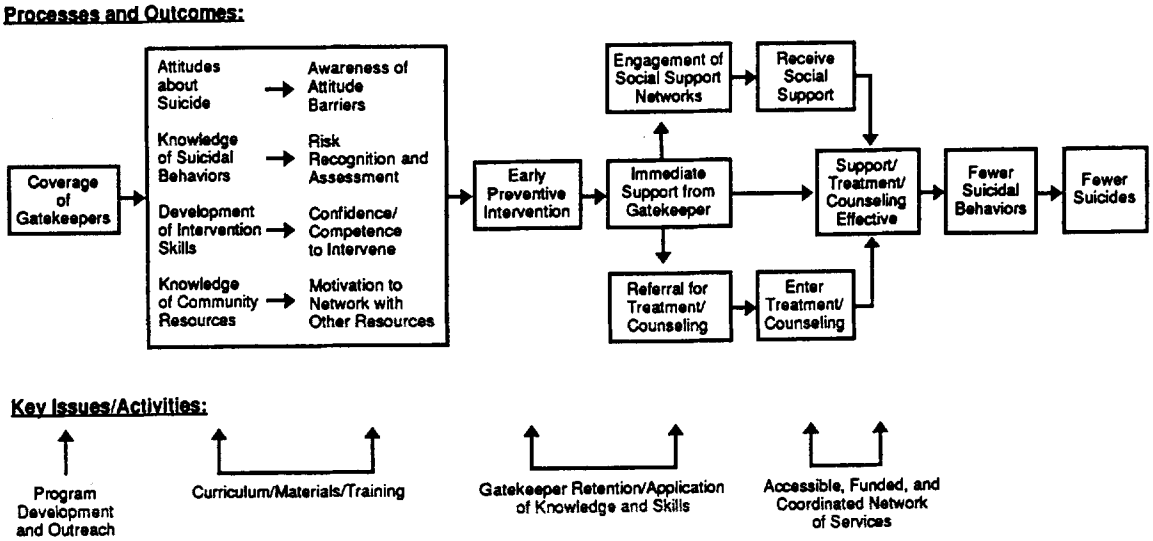

TABLE 2.
Changes in Knowledge Among School Gatekeepers After Training

Issue	Before	After
Mean Number of Warning Signs Listed	3.6	6.1
Percentage of Gatekeepers Listing Specific Warning Signs		
Making Final Arrangements	24%	53%
Nonspecific Change	34%	50%
Specific Suicidal Threat/Warning	27%	50%
Depression	57%	49%
Social Withdrawal	46%	35%
Changed Eating Habits/Weight Gain or Loss	11%	31%
Decreased School Performance	20%	29%
Engaging in Risky Behavior	2%	29%
Apathy/Indifference	22%	22%
Knowledge of Treatment Resources		
Know where to refer a troubled student	45%	68%
Willingness to Make Treatment Referrals		
Believe that they should be responsible for contacting a mental health professional (outside school) about a student who may be at risk for suicidal behavior	46%	62%

Note: Analyses are based on a sample of approximately 307 educators who completed questionnaires before and after the program. This represented 72% of educators who attended the program.

Adapted from: Shaffer, D., Garland, A., and Whittle, R. New Jersey Adolescent Suicide Prevention Project: Final Project Report, pp.28-29.

counseling increased after a school gatekeeper training program. A delphi panel of experts estimated that school gatekeeper programs could reduce youth suicide by about 12 percent (Eddy, Wolpert, and Rosenberg, 1989). We are not aware, however, of any formal evaluation of the effect of school gatekeeper training on changes in the behavior of trainees.

Illustrative Programs

This report lists eight programs as examples of school gatekeeper training programs. These programs were selected because of their substantial time in operation, the extensiveness of the training they provided, and their tie-in with mental health or other more comprehensive youth suicide prevention programs. These programs are included:

Program	Rationale for Inclusion
East:	
BRIDGES Piscataway, New Jersey	• Comprehensive program • Plans for evaluation
Pennsylvania Network for Student Assistance Services (PNSAS) Pittsburgh, Pennsylvania	• Extent of training • Linkage with mental health agencies • Statewide operation
STAR Pittsburgh, Pennsylvania	• Strong community outreach • Linkage with mental health
Midwest:	
Suicide Prevention Center Programs Dayton, Ohio	• Comprehensive programs • Length of operation
South:	
Crisis Intervention Dade County, Florida	• Use of tools to help identify at-risk students • High minority population
Project SOAR Dallas, Texas	• Comprehensive program • Three years in operation
Adolescent Suicide Prevention Program Fairfax County, Virginia	• Eight years in operation • Extensive documentation
West:	
Weld County Suicide Prevention Program Johnstown, Colorado	• Extent of training • Coverage of grades

The school gatekeeper programs in Dayton, Ohio, in Dallas, Texas, and in Fairfax County, Virginia, provide examples of well-crafted school gatekeeper training programs in large school systems, and the program in Weld County, Colorado, offers an example in a smaller community. These programs are relatively inexpensive to implement and maintain.

The BRIDGES program in Piscataway, New Jersey, is listed because of its active work in evaluation research. Program officials are planning to assess how well the ratings of youth provided by gatekeepers coincide with more extensive assessments by mental health professionals.

The Dade County, Florida, program is listed because it provides a quarterly "screening tool" of "at-risk" students based on such easily accessible factors as absences and poor school performance.

The Pennsylvania Network for Student Assistance Services (PNSAS) is listed not only because of its statewide implementation but also because of the extensive training it provides to key personnel in each school and the strong linkages it seeks to build with community mental health services.

Evaluation Needs

The following questions are appropriate to ask in the evaluation of school gatekeeper training programs:

- How many students are identified as being at risk?
- How accurate are the identifications?
- How many students are referred to intervention or treatment programs?
- How many students follow through on the referrals?
- Does the overall incidence of suicidal ideation and suicidal behavior decline in response to gatekeeper training and referrals?
- Do gatekeepers identify other factors that create stress in the lives of students, factors that could lead a youth to consider suicide?

The data needed to answer questions about the number of referrals and follow-ups should be relatively easy to obtain, and many of the programs listed here are collecting this information as part of internal evaluations. The questions about the appropriateness of referrals and about treatment effectiveness would probably require assistance from qualified mental health professionals as well as a more extensive evaluation effort.

Summary

School gatekeeper training programs are relatively common, though they vary in the extent of training and the strength of linkages to mental health programs. We view this linkage as fundamental to the success of these programs. Evaluation studies indicate that gatekeeper training programs are effective at educating participants and increasing their willingness to refer at-risk students for appropriate help. The effects of school gatekeeper training programs on the subsequent *behavior* of gatekeepers is unknown.

Two potential negative consequences should be guarded against in implementing school gatekeeper training programs. First, school personnel should be sensitive to the feelings of individuals referred for help lest they feel bad about being singled out. Second, program officials should seek to minimize inappropriate referrals, which might needlessly burden the mental health system, causing delays in treatment for those truly in need.

References About School Gatekeeper Training Programs

Barrett, T.C. *Youth in Crisis: Seeking Solutions to Self-Destructive Behavior*. Longmont, CO: Sopris West, 1985.

Caplan, G. *Principles of Preventive Psychiatry*. New York: Basic Books, 1964.

Eddy, D.M., Wolpert, R.L., and Rosenberg, M.L. Estimating the effectiveness of interventions to prevent youth suicides. In: Alcohol, Drug Abuse, and Mental Health Administration. *Report of the Secretary's Task Force on Youth Suicide*. DHHS Pub. No. (ADM)89-1624, Vol 4. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1989:37-81.

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Kelly, J.G. *Adolescent Boys in High School: A Psychological Study of Coping and Adaptation*. Hillsdale, NJ: Lawrence Erlbaum Associates, 1979.

Nelson, F.L. Evaluation of a youth suicide prevention program. *Adolescence* 1987;20:813-825.

Shaffer, D., Garland, A., and Whittle, R. An evaluation of three youth suicide prevention programs in New Jersey. *New Jersey Adolescent Suicide Prevention Project: Final Project Report*. Trenton (NJ): New Jersey Department of Human Services: Governor's Advisory Council on Youth Suicide Prevention, 1988.

Spirito, A., Overholser, J., Ashworth, S., Morgan, J., and Benedict-Drew, C. Evaluation of a suicide awareness curriculum for high school students. *Journal of the American Academy of Child and Adolescent Psychiatry* 1988;27:705-711.

Suggested Additional Reading

The County School Board of Fairfax County, Virginia. *The Adolescent Suicide Prevention Program: A Guide for Schools and Communities*. Fairfax, VA, 1987.

Davidson, L.E., Rosenberg, M.L., Mercy, J.A., Franklin, J., and Simmons, J.T. An epidemiologic study of risk factors in two teenage suicide clusters. *Journal of the American Medical Association* 1989;262:2687-2692.

Garland, A., Whittle, B., and Shaffer, D. A survey of youth suicide prevention programs. *Journal of the American Academy of Child and Adolescent Psychiatry* 1988;28:931-934.

Overholser, J., Hemstreet, A., Spirito, A., and Vyse, S. Suicide awareness programs: effects of gender and personal experience. *Journal of the American Academy of Child and Adolescent Psychiatry* 1989;28:925-930.

School Gatekeeper Training: Program Descriptions

BRIDGES: Building Skills to Reach Suicidal Youth

Location: Piscataway, New Jersey
Contacts: Charlsetta Sutton, ACSW, BCD; Karen Dunne-Maxim, R.N., M.S., (908) 463–4109

Targets:
- School personnel (guidance staff, teachers)
- Agency staff who work with youth

Years in operation: 7
Source of funding:
- New Jersey Department of Education
- Participating school systems
- Per diem from various agencies

Amount of funding (per year): Varies.

Program description: BRIDGES is a training program for selected school personnel (e.g., guidance staff, child study teams, personnel from student assistance programs, and teachers working with emotionally disturbed adolescents) to help them to develop skills in assessing suicide risk, to intervene in the crises of suicidal youth, to intervene with families and peers of suicidal youth, to follow referral procedures, and to develop school policies and procedures for suicide prevention and postvention.

Exposure: School personnel training lasts 16 hours (2 days).

Coverage: The BRIDGES program has been provided to 594 participants since 1986.

Content/topics: BRIDGES trains school personnel to accurately distinguish students at risk for suicidal behavior from those who are depressed. Personnel learn to assess students' risks, to intervene when appropriate, to work with families and peers, to follow referral procedures, and to develop school policy and procedures with regard to suicide prevention and postvention.

Referral/selection procedures: Appropriate school personnel (guidance staff, child study team members, student assistance counselors) are referred to BRIDGES by school administrators.

Evaluation: Evaluation studies are being developed. Officials are particularly interested in conducting an impact evaluation of the BRIDGES program. This evaluation would determine the efficacy of the BRIDGES program in training school personnel to accurately identify suicidal youth. Some of their ideas for evaluation include collecting data on the functioning of students at risk, the school climate, and teachers' feelings immediately after and 2 weeks after a suicide takes place to:

- Check for risk of suicide contagion
- Do assessment of risk of suicides
- Evaluate the effectiveness of the postvention program

BRIDGES staff want to collect data on how many students are targeted and how many are identified correctly as being suicidal. If a student is accurately identified, they would then collect information on referrals and follow-ups to see if the student was making progress. Assessments would be made by readministering tests and interviewing school staff or the student. Periodic follow-ups would be conducted as long as the individual was in the school system. BRIDGES staff would look for changes in test indices and in suicide and suicide attempt rates as indicated by hospital records.

Data available: Process evaluation data have been collected for the last five years. Data have also been collected on participants' pre- and post-training knowledge of suicide risk factors. Results have demonstrated significant gains in participants' knowledge.

Special population outreach: None.

Related components:

- Postvention
- Screening
- Survivors' support groups

Address: BRIDGES: Building Skills to Reach Suicidal Youth
Charlsetta Sutton, ACSW, BCD
Karen Dunne-Maxim, R.N., M.S.
UMDNJ—CMHC
671 Hoes Lane
Piscataway, NJ 08855–1392

Reports: Brief descriptive brochure.

Pennsylvania Network for Student Assistance Services (PNSAS)

Location: Pittsburgh, Pennsylvania
Contact: Roberta Chuzie, (412) 394-5837

Targets: All buildings at the secondary level in all school districts.
Years in operation: 6
Source of funding: Collaborative effort among the following:

- Governor's Drug Policy Council
- Department of Public Welfare, Office of Mental Health (MH)
- Department of Education
- Department of Health, Office of Drug and Alcohol Abuse
- Pennsylvania Masonic Foundation for the Prevention of Drug & Alcohol (D/A) Abuse Among Children

Amount of funding (per year): $11.5 million (this includes core team training, D/A & MH treatment, consultation and education, and administrative costs for the Commonwealth).

Program description: The Student Assistance Program (SAP) focuses on early identification, intervention, and referral of at-risk students to community resources for assessment and treatment. A SAP core team within a school building consists of six school personnel trained to identify and refer at-risk students to community resources. Two service-provider representatives (one mental health and one drug and alcohol expert) train with the core team and serve as ad hoc members on the team. SAP team members do not diagnose or offer treatment to students; instead, they refer them to appropriate community assessment and treatment resources. There is a direct link between schools and local mental health and drug and alcohol service providers.

Exposure: SAP team members attend an initial 5-day residential training course: 2 days of lectures; 2 days of exercises, role-playing, and practicing intervention models to establish team roles and responsibilities; and 1 day of questions, reinforcement, and planning for the creation and implementation of individual SAPs.

Coverage: Five hundred of the 501 school districts in Pennsylvania have had representatives trained in student assistance at the secondary level, which means a total of 1,039 buildings have representatives trained in SAP to date.

Content/topics: Adolescent development, suicide, depression and other mental health problems, chemical dependency, family dynamics, treatment, continuity of care, group process, and action planning.

Referral/selection procedures: Students can be referred to the team through a variety of sources: administrators, teachers, counselors, nurses, child study teams, parents or guardians, peers, and the students themselves. Reasons for a student being referred vary from violation of school policy, behavioral concerns (D/A & MH), suicidal ideation, other mental health concerns, self-reported problems, and recovery and transition back into school after treatment.

Evaluation: Preliminary data are available on the following two evaluations:

- *An Evaluation of Student Assistance Programs in Pennsylvania.* Conducted by Pennsylvania State University, Department of Counselor Education, Counseling Psychology, and Rehabilitation Services Education.

- *Student Assistance Program Evaluation*. Conducted by the Human Organization Science Institute, Villanova University.

Findings: The 1989-90 SAP aggregate student tracking data indicate an increase in the number of students referred from 10,480 in 1988-89, to 26,739 in 1989-90, and to 41,399 in 1990-91. The number of disciplinary referrals to the core teams has decreased, indicating that a more positive approach is being taken to the program, and classroom teacher, parent, student, and self referrals have all increased. The information on the percentage of referred students who complete treatment has been difficult to track statewide. SAP does not have a mechanism to collect those data but can use a tracking form to track the students until they leave the school for services. SAP is looking into cross-referencing data collection forms with the Department of Health and the Department of Public Welfare in order to track the students once they begin treatment following a SAP referral.

Data available: The program collects data on the number of students processed by core teams during the year, referrals by grade and by race, number of referrals by source and by reason for referral, and the numbers of students in different types of treatment programs. Standardized forms are used to collect the following required data:

- The student's recent history of absences and tardiness
- Academic performance data
- Information on in-class behavior—from teachers
- Performance on standardized tests and special areas of concern
- Health information, including frequency of visits to the health office
- Information from other individuals who may have close contact with the student

Special population outreach: All at-risk students.

Related components: Postvention.

Address: Roberta Chuzie
Student Assistance Services
Station Square
200 Commerce Court Building, 2nd Floor
Pittsburgh, PA 15219

Reports:
- Annual statistical report
- Program curriculum and description
- Evaluation—preliminary data available

Advice to others interested in starting this type of program: All interested parties should network: schools, mental health agencies, drug and alcohol agencies, parents, and any other interested people. Each department at the state level (Education, Health, Public Welfare) and the governor's office should work collaboratively towards the same goal.

Services for Teens At Risk (STAR)

Location: Pittsburgh, Pennsylvania
Contact: Dr. David Brent, (412) 624-5211

Targets: School personnel, at-risk youth.
Years in operation: 4 (for both the Outreach and Outpatient Clinic programs).
Source of funding: Pennsylvania.
Amount of funding (per year): The Outreach program has 5 full-time employees and the Outpatient Clinic has 33 full-time employees of different disciplines. Additionally, STAR has an annual budget of $170,000 for expenses other than salaries.

Program description: STAR Center offers three programs designed specifically to help school personnel identify and refer at-risk youths.

Level 1: Administrators, teachers, counselors, and others who are in daily contact with students learn to identify potential risk factors, recognize behavior patterns of adolescents who may possibly become suicidal, and follow referral procedures.

Level 2: During a 2-day workshop, school personnel learn to evaluate a youth's level of risk and to work effectively with families, students, and mental health agencies.

Level 3: Trains in-house personnel to continue Level 1 training in their school.

STAR Center also works to implement programs in communities and schools immediately following a suicide. Teams from STAR Center conduct postvention sessions that are designed to prevent further suicides through individual student screening, small group discussions, and education. In addition, STAR Center offers outpatient clinical treatment for adolescents at Western Psychiatric Institute and Clinic (WPIC).

Exposure: Varies (see program description above).

Coverage: Not described.

Content/topics: Identification of potentially suicidal students, risk assessment, and referral procedures.

Evaluation: The Outreach program screens children identified during postvention sessions. The Outpatient Clinic provides a day-long clinical evaluation that combines both structured and unstructured assessment tools.

Data available: The Outreach program has data regarding the number and types of people trained in the various levels. Additionally, the number of children screened during postvention is also available.

Related components:

- Clinical treatment
- Postvention
- Screening

Address: Dr. David Brent, Director
Services for Teens At Risk (STAR)
WPIC
Pittsburgh, PA 15213

Special population outreach: None.

Reports: Brochures and articles about the activities of STAR.

Suicide Prevention Center Programs

Location: Dayton, Ohio
Contact: Linda Mates, LPCC, (513) 297-9096

Targets: Students (junior high and high school), gatekeepers.
Years in operation: 10
Source of funding: United Way, and state and community taxes.
Amount of funding (per year): $50,000.

Program description: The Suicide Prevention Center (SPC) provides school gatekeeper training as part of a broad range of crisis support services, including a 24-hour crisis hotline, training of professionals (teachers, service providers, clergy, physicians, police), and a crisis response team for postvention work for individuals or groups. The school gatekeeper program provides in-service training on recognition of depression and suicidal behavior; short-term crisis intervention; school and community resources; and factual information about suicide. Specific programs operating as part of Project Lifesaver are:

Staying Alive: A program that targets minorities and uses nontraditional gatekeepers, such as barbers and hairstylists.

Finding Hope: Training program for parents.

Life Saver III: A 3-year pilot program training undergraduate, graduate, and postgraduate students (teachers, administrators, school counselors, and nurses).

Exposure: Not described.

Coverage: Teachers in all county schools and youth leaders and special gatekeepers (three selected each year).

Evaluation: Several are ongoing: quality assurance, client satisfaction, and client outcome.

Data availability: Participant feedback. Intervention, referral, and follow-up information may be available.

Special population outreach: African-Americans.

Related components:

- General suicide education
- Crisis center and hotline
- Parent programs
- Postvention

Address: Linda Mates, LPCC
Executive Director
Suicide Prevention Center, Inc.
PO Box 1393
Dayton, OH 45401

Reports: Program manuals and pamphlets, and evaluation materials.

Crisis Intervention
Dade County Public Schools

Location: Miami, Florida
Contact: Dr. J. L. DeChurch, (305) 995-7315

Targets: All students.
Years in operation: 5
Source of funding: Dade County school district and grant.
Amount of funding (per year): $120,000.

Program description: Dade County established a Department of Teenage Pregnancy and Suicide Prevention in 1987, which in turn became the Department of Crisis Intervention, whose purpose is to prepare staff at the district, region, and school levels to identify, assist, and refer students at risk. The department trains "crisis care core teams" in every school to counsel staff and the community in times of crisis. A hotline is available to assist administrators, counselors, and other support staff.

Exposure: Training of crisis core teams in the schools is done by the District Crisis Team, which consists of one counselor and one psychologist. Training consists of a 3-hour program, and so far approximately 1,000 individuals have been trained.

Coverage: Crisis teams are present in all schools; this is a county-mandated requirement. School staff includes counselors, teachers, social workers, occupational specialists, college advisors, psychologists, bus drivers, cafeteria workers, students, peer counselors, and parents.

Content/topics: How to identify, assist, and refer students at risk; suicide prevention, intervention, and postvention.

Evaluation: Participant written and verbal feedback, which has been positive.

Findings: There were 19 suicides in 1988 and only 7 in 1989, but program staff members are not sure whether to take credit for this apparent decline. They found students in middle school to be most at risk and also found a link between suicidal tendencies and a history of sexual abuse.

Data available: Program staffers are building a data base and want to use it for research and evaluation, but it is not yet operational.

Special population outreach: Not described.

Related components:
- General suicide education
- Means restriction

- Parent education
- Postvention
- Screening

Address: Dr. J. L. DeChurch
Executive Director
Division of Student Services
Dade County Public Schools
1444 Biscayne Boulevard, Suite 202
Miami, FL 33132

Project SOAR (Suicide: Options, Awareness, Relief)
Dallas Independent School District

Location: Dallas, Texas
Contact: Judie Smith, MA, (214) 565-6700

Target: Teachers, staff, and counselors.
Years in operation: 3
Source of funding: Local school district funds.
Amount of funding (per year): $90,000, which provides the salary for three professionals. The costs of clerical help, office supplies, and training materials are absorbed by the Psychological/Social Services Department budget.

Program description: Project SOAR is a comprehensive program that covers prevention, intervention, and postvention. Prevention consists of suicide awareness lessons for teachers and staff. Intervention consists of training school counselors in all secondary and elementary schools in risk assessment of potential suicides through personal verbal interviews. A crisis team does postvention for students and teachers. There is also a peer support system and a section called Quest on esteem building. A committee of community mental health professionals advises the suicide and crisis management program.

Exposure: An 18-hour course was designed to train one school counselor from each high school and middle school to become a primary caregiver. Caregivers coordinate suicide prevention efforts in their local building and conduct the initial intervention when a student threatens or attempts suicide. To minimize the disruption of their ongoing job responsibilities, the 180 primary caregivers were selected to receive training over 4 months.

All other elementary and secondary school counselors who are not designated as the primary caregiver receive 6 hours of instruction. All counselors, including the primary caregivers, receive 3 hours of follow-up training each year. The trainers, members of the Dallas Independent School District (DISD) Psychological/Social Services Crisis Team, are always available for consultation. A school psychologist or home school coordinator will assist with high-risk cases. The course was adapted for use by other student services personnel: school psychologists, home school coordinators, parent ombudsmen, special education crisis staff, nurses, and drug counselors.

Coverage: The professional staff of the DISD includes 9,600 employees made up of teachers (83%), professional support personnel (8%), campus administrators (5%), and central office administrators. An additional 5,400 employees provide support services, such as maintenance, cafeteria help, and transportation.

Content/topics: The objectives of the course are to examine attitudes toward suicide, gain knowledge about crisis theory and the dynamics of suicide, sharpen skills of empathy and active listening, and learn a counseling model for crisis intervention. The goal for the training is to help the school counselor develop the skills of a crisis counselor. The training program will provide instruction on how to identify students who may be at risk for suicide, assess the level of that risk, provide crisis intervention counseling, complete and file a report with the DISD Psychological/Social Services Department, and refer the at-risk student to a mental health agency or private therapist as needed.

Referral/selection procedures: One counselor was selected from each school to receive training in crisis intervention and become the designated crisis counselor for his or her campus.

Evaluation: No written evaluations or tests are done at this time.

Data available: Verbal feedback from students, teachers, and parents. Reports have been entered into a new computer system, but no in-depth analysis has been completed. On file for each student seen by the program is a written summary of each year's records describing sex, age, race, grade, schools, risk assessment, sources of stress, warning signs, and action plans. The director keeps records of high-risk youths in her office. The records consist of reports filed by whoever did the risk assessment or intervention, whether the primary caregiver or a staff member of Psychological/Social Services. To evaluate the effectiveness of Project SOAR, project officials established an accurate reporting and recordkeeping system of all suicide threats, attempts, and completions to compare with past records kept by the county medical examiner. From this data system, officials hope to chart and analyze trends and determine whether the training and the procedures are effective.

The suicide records kept by the county medical examiner indicate many suicides in the Dallas area are committed by school-age teenagers who are not enrolled in school. The school drop-out rate is about 15 percent. They also discovered a ruling of suicide for a death that had been reported to the school as a homicide.

Special population outreach: The Dallas Independent School District serves a population that is 80 percent black and Hispanic. Most suicides are committed by whites.

Related components:

- General suicide education
- Parent programs
- Peer support
- Postvention

Address: Project SOAR
Judie Smith, MA
Specialist in Psychological Social Services
Dallas Independent School District
1401 South Akard
Dallas, TX 75215

Reports: Program manual.

Advice to others interested in starting this type of program: Begin by forming a joint school district/community task force to conduct a needs assessment and to review existing school suicide prevention programs and make a recommendation to the school board. The

American Association of Suicidology would be a resource for this information. A school policy should be developed that spells out the procedures that primary caregivers would follow in the event of a suicide threat, attempt, or completion. The next step would be to assign the responsibilities of training to a facilitator who is knowledgeable in the field of suicide prevention and to review approved training material. A directory of appropriate community referral resources should be made available to all primary caregivers and crisis counselors who work with suicidal students.

Adolescent Suicide Prevention Program

Location: Fairfax, Virginia
Contact: Myra Herbert, LICSW, (703) 246-7745

Targets: Gatekeepers (primarily school personnel).
Years in operation: 8
Source of funding: Fairfax County School Board.
Amount of funding (per year): Funding is invisible. The program provides an organized, systematic method for improving services that are in place. Fairfax County spends between $6,000 and $10,000 on printing material that is helpful with workshops, but this is not essential.

Program description: The aim of this program is to help teachers and school staff become aware of and able to identify suicide-prone youths. The program includes a crisis management plan for schools to use in handling the aftermath of suicides and other crises that affect both the staff and student populations. The plan involves community agencies as well as school personnel.

Related components include sections in the health and family life education curricula that begin in the fourth grade. These sections cover a variety of affective and mental health issues in the early grades and extend to suicide discussion in the higher grades. Students can take an elective course for credit in the Peer Helper Program in which the same issues are discussed in greater detail. Workshops that involve both school and community resources are also offered for the parents.

Exposure: Suicide awareness and prevention training is given over a 2-day period to faculty in high schools and secondary schools, and in-service sessions are held periodically.

Coverage: Faculty and staff in all intermediate and high schools.

Content/topics: Suicide awareness and prevention techniques, profile of the suicidal youngster, how to help a suicidal youngster, assessing suicidal potential in young people (signs and symptoms), typical reasons why young people commit or attempt suicide, helpful responses, and organizing a referral network that includes community agencies and mental health resources.

Evaluation: None.

Data available: Not described.

Special population outreach: None.

Related components:

- General suicide education
- Parent programs
- Peer support
- Postvention

Address: Adolescent Suicide Prevention Program
Myra Herbert, LICSW
Coordinator, Social Work Services
Special Education Department
Fairfax Public Schools
10310 Layton Hall Drive
Fairfax, VA 22030

Reports:

- Program Manual: Adolescent Suicide Prevention Program — A Guide for Schools and Communities
- Adolescent Suicide Prevention In-service Guide for Faculty and Staff
- Responding to Adolescent Suicide

Advice to others interested in starting this type of program: The best programs are achieved through the collaboration of schools and community agencies. Schools need to be more open and accepting of other professionals, and agencies need to learn the contingencies of educational institutions. Successful networks are only possible through combining efforts and services.

Weld County Suicide Prevention Program

Location: Johnstown, Colorado
Contact: Susy Ruof, M.A., (303) 587-2336

Targets: Students, school staff, parents, community members.
Years in operation: 6
Source of funding: Weld Board of Cooperative Educational Services (BOCES) and local school district.
Amount of funding (per year): The start-up cost in 1984 was $1,000 (today, it would be about $2,500). Additional yearly cost is about $500 for additional training and materials, since all program functions are carried out by in-place staff.

Program description: This program develops crisis teams for schools (from in-place staff) and a student curriculum for grades 3-12. The training acquaints the crisis team with the signs of suicidal behavior in students and teaches interviewing skills and counseling techniques for dealing with suicidal students and their parents. The training also addresses legal issues, changes in confidentiality, documentation, public relations, team structure to reduce individual stress, procedures and policies, interagency agreements, suicide contagion and postvention, working with the media, and safety factors in working with students. The student curriculum varies, depending on the grade, but mainly consists of information about depression and its role in suicidal thoughts, how and where to get help for one's self or a friend, and how to develop coping or problem-solving skills.

Exposure: The crisis team members undergo extensive training (30 hours) in suicide awareness, counseling techniques, and methods and resources for help and referral. A 1-hour training session is provided each year to *all* school staff to give them a basic understanding and an awareness of the issue and of what they can do. An additional 4-hour training session is given to all administrators on legal issues, policies, and procedures.

Coverage: All school staff (about 170).

Content/topics: For the general staff, the program provides handouts on myths and facts, behavioral and verbal warning signs, legal issues, and what to do when students exhibit warning signs. The presenters discuss legal rationales for suicide prevention training, referral procedures, and school district and school staff responsibilities.

Evaluation: Program evaluation consists of feedback from teachers, administrators, crisis team members, and community members; statistics on referral rates after student, staff, and community education sessions; information from other county crisis teams program instructors have trained; and information on suicides committed since crisis teams have been in place in most districts in the county. (Weld County's adolescent suicide rate is now about half the state rate.)

Data available: Information is available on the number of students referred and the number of suicide attempts or gestures made. Detailed and longitudinal information is available on each student referred (stressors, symptoms, resources, history, family information, plan of

action, follow-up). Also available are notes on all interventions done following unintentional deaths of students, parents, or staff, and suicide attempts or gestures. No suicides have occurred in the district since the program was instituted in 1984.

Special population outreach: Potentially at-risk students at grades K-2 (about one-tenth of the student body) are seen weekly in small counseling groups. At grades 3-12, outreach for these students includes ongoing counseling, being paired with teachers for individual attention, crisis intervention as needed, and long-term follow-up by the district crisis team (through graduation).

Community outreach includes training crisis intervention teams in many neighboring school districts, starting a countywide suicide prevention coalition, establishing a monthly support group for survivors of suicide, and receiving a Comprecare grant to reduce suicides among the elderly in Weld County.

Related components:

- General suicide education
- Parent programs
- Postvention
- Community gatekeeper training

Address: Weld County Suicide Prevention Program
Susy Ruof, M.A.
5290 Mesquite Court
Johnstown, CO 80534

Reports: Program manual and descriptive articles.

Advice to others interested in starting this type of program: Programs that use and train in-place staff rather than rely on outside expertise are not only much cheaper but are more effective (education of all students and staff can be done in-house as needed, referrals are made earlier, interventions can be immediate, follow-up can be ongoing and extensive). In addition, such programs seem to be much longer lived because the district staff takes ownership of the program. The crisis team needs to be a generic one, dealing with *all* deaths. Administrative and board support and good agency relationships are crucial.